

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117**

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Bear Petroleum, Inc.
 Address: PO Box 438, Haysville, KS 67060
 Phone: (316) 524-1225 Operator License #: 4419
 Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
 The plugging proposal was approved on: _____ (Date)
 by: Deines (KCC District Agent's Name)
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15 - 195-2052600 00
 Lease Name: Harvey
 Well Number: 2
 Spot Location (QQQQ): _____ - S2 - NW - NE
4290 Feet from North / South Section Line
1980 Feet from East / West Section Line
 Sec. 16 Twp. 13 S. R. 22 East West
 County: Trego
 Date Well Completed: _____
 Plugging Commenced: 12-28-05
 Plugging Completed: 12-29-05

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8 5/8	206	
				4 1/2	4224	1350

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Sand at 3800', dump 4 sacks, rip 1510', 1350'; pull to 1250', 60 sacks, 2 hulls; 500', 25 sacks, 1 hull; 200', circulated with 75 sacks.

Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925
 Address: 401 West Main, Lyons, KS 67554

RECEIVED
JAN 13 2006
KCC WICHITA

Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc.
 State of Kansas County, Sedgwick, ss.

R. A. Schremmer, President (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) _____
 (Address) P.O. Box 438, Haysville, KS 67060

SHANNON HOWLAND
 Notary Public - State of Kansas
 My Appt. Expires 3/10/08

SUBSCRIBED and SWORN TO before me this 12th day of January, 2006
Shannon Howland My Commission Expires: 3/10/08
 Notary Public

Bm



FIELD ORDER N° C 030082

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 12-29 20 05

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease MURPHY Well No. 09 Customer Order No. _____

Sec. Twp. Range Harvey County TREBO State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
MILE 93	93	Mileage Pickup	1.00	93.00
1030	93	Mileage Pump Truck	3.00	279.00
1031	1	Pump Charge		500.00
1050	300	Hulls	.25	75.00
1000	160	60/40 P02 2% Gel	7.00	1120.00
1050	10	8% Additional Gel	9.50	95.00
				RECEIVED
				JAN 13 2006
				KCC WICHITA
1000	160	Bulk Charge	1.25	200.00
1001		Bulk Truck Miles 7TX 93m = 651 TM	1.10	716.10
		Process License Fee on _____ Gallons		
TOTAL BILLING				

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative DEAN
Station OB

Joe
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS